



# MEMBER ENROLLMENT FORM - SMQ

## REGULATED ENTITY

IMPORTANT NOTE Any Cancellation and alteration must be countersigned by Life to be Insured. Please do not sign blank Proposal form.

Plan	<input type="checkbox"/> HDFC Group Term Insurance Plan	<input type="checkbox"/> HDFC Life Group Credit Protect	<input checked="" type="checkbox"/> <input type="checkbox"/> HDFC Life Group Credit Protect Plus
Option	N.A.	<input type="checkbox"/> Accelerated Critical Illness <input type="checkbox"/> Accidental Death Benefit	<input checked="" type="checkbox"/> Life Option <input type="checkbox"/> Terminal Life Option <input type="checkbox"/> Critical Life Option 1 <input type="checkbox"/> Critical Life Option 2 <input type="checkbox"/> Critical Life Option 3
Sum Assured (INR)	301,000.00	Premium (INR)	824.20
Policy Term (Yrs)	<input type="checkbox"/> <input type="checkbox"/>	Policy Term (Yrs)	<input type="checkbox"/> <input type="checkbox"/>
Sum Assured (INR)	301,000.00	Premium (INR)	824.20
Policy Term (Yrs)	<input type="checkbox"/> <input type="checkbox"/>	Policy Term (Yrs)	<input type="checkbox"/> <input type="checkbox"/>
Sum Assured (INR)	301,000.00	Premium (INR)	824.20
Policy Term (Yrs)	<input type="checkbox"/> <input type="checkbox"/>	Policy Term (Yrs)	<input type="checkbox"/> <input type="checkbox"/>

Particulars of Life Assured: Mr / Mrs. ASHISH  
 Address: SO SUKHBI SINGH HNO 23 VILLAGE BADARPUR SAID, BALLABGARH, FARIDABAD, HARYANA, 121004  
 Date of Birth / Age (Yrs): 01-Jan-1982 Gender: M Loan Account No: FRD600001321 Loan type: CV

Nominee / Appointee Details					
	Name	Date of Birth	Gender	Contact No.	Relationship To
Nominee	SARITA	25-May-1991	F	9642041119	Spouse
Appointee					

☒ HEALTH DETAILS OF LIFE TO BE ASSURED

	YES	NO
1. Have you ever suffered or are currently suffering from (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder, disorder of brain/nervous system or any kind of physical disabilities (d) Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder (anemia) or any endocrine disorder (f) Diseases of the kidney, digestive system (stomach, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you take part in any adventurous sports or hobbies (like paragliding, mountaineering, deco sea diving, motor racing, bungee jumping, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do you smoke more than 10 cigarettes a day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has more than one of your parents and siblings died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, HIV?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are you taking any medication or has a doctor ever attended to you for any conditions, diseases or impairment not mentioned above (except for cough or cold)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. For Female (yes): (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) Have you given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc? (d) Have you ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Do you have any history of conviction under any criminal proceedings in India or abroad?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date & Place: 08-Jan-2019, FARIDABAD  
 Signature/Thumb impression of the Insured Member: Ashish

I understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. If any untrue statement are contained herein or there has been any non-disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as I am concerned. I confirm that I have read and understood, the rules and any additional rules of the plan, the standard Policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my life, and I agree and confirm that the same shall be binding on me. I authorize the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my behalf collected from me to the insurer. I understand that any statutory levy or charges including any indirect tax may be charged to me either now or in future by the insurer and I agree to pay the same. I understand that HDFC LIC has the right to reject a proposal without giving reasons thereof and client to give an undertaking thereof that he shall not raise any claims thereof. I understand the significance of the contract and the contract will be governed by the provisions of the Insurance Act 1938 as amended from time to time and that the same will not commence until written.

**PAYMENT AUTHORIZATION**  
 I do hereby declare that I have received a loan from M/s. EQUITAS SMALL FINANCE BANK LIMITED ("Master Policyholder") in order to secure the said loan I have taken the above referenced policy from HDFC Standard Life Insurance Company Limited ("HDFC Life"). In consideration of receiving the said loan I hereby authorize HDFC Life to make payment of Outstanding loan balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature/Thumb impression of Witness: Witnes  
 Name & Address: Business  
 Occupation: Business  
 Signature / Thumb impression of the Insured Member: Ashish  
 Date & Place: 08-Jan-2019, FARIDABAD

\* Witness Signature, Address and Occupation is along with signature of insured Member  
 Signature/Thumb impression of life to be assured

ANNEXURE - 6

CREDIT SHIELD INSURANCE UNDERTAKING LETTER FROM BORROWER

Date: 5-1-19.

From ASHISH.  
VILL. BADARPUR  
SAID FBD.

To  
Equitas Small Finance Bank Limited  
F-39, 4<sup>th</sup> Floor, Phase -II,  
Spencer Plaza, 769, Anna Salai, Chennai - 600002.

Sir,

Sub : Vehicle bearing Registration No: HR38R-9345.

Ref : Credit Protect Insurance Policy availed by me - Insurance premium remitted by you.

This is to inform you that pursuant to my request and consent, you have taken steps to cover the above loan contract under credit shield policy and also deducted the amount towards premium payable by me under the said policy from the amount disbursed to me under the above loan contract as the said insurance cover is only for my benefit and would cover the amount outstanding as on date of any eventuality like death or any other condition stipulated under the policy.

I am aware that the said insurance cover is subject to the terms and conditions of the insurance company and is liable to be rejected if not in conformity to their norms.

I am further aware that the time period between the payment of premium by you and approval or rejection of the insurance cover by the insurance company would be considerable.

On occurrence of any eventuality as stated above during the said period or on rejection of the cover by the insurance company, it shall be deemed that there was no credit shield cover for the loan transaction right from the inception of the contract and my legal heirs shall be liable to discharge the dues under the above loan contract as it devolves upon them as my legal heirs.

We further assure you that credit shield policy is not a matter of right accrued to me or my legal heirs, the same is only a goodwill gesture by you to protect my interest and that of my legal heirs.

Thanking You

Yours faithfully  
Ashish

(Borrower)

LEGAL HEIRS :

Signature

Relationship

SPOUSE.

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